

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30Day-22-0978]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled "Emerging Infections Program (EIP)" to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on January 31, 2022, to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- (c) Enhance the quality, utility, and clarity of the information to be collected;
- (d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and
- (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review - Open for Public Comments" or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Emerging Infections Program (OMB Control No. 0920-0978, Exp. 4/30/2022) - Revision - National Center for Emerging and Zoonotic

Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. These activities are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

A Revision is being submitted to make existing collection instruments clearer and to add several new forms specifically

surveying laboratory practices. These forms will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

Total estimated burden is 61,956 hours. There is no cost to respondents other than their time.

Estimated Annualized Burden Hours

Type of	Form Name	No. of	No. of	Avg.
Respondent		respondents	responses	burden
			per	per
			respondent	response
				(in
				hours)
State	ABCs Case Report	10	809	20/60
Health	Form			
Department	ABCs Invasive			
	Pneumococcal			
	Disease in	10	127	10/60
	Children and		12,	
	Adults Case Report			
	Form			
	ABCs H.influenzae			
	Neonatal Sepsis	10	6	10/60
	Expanded			
	Surveillance Form			
	ABCs Severe GAS			
	Infection	10	136	20/60
	Supplemental Form			
	ABCs Neonatal			
	Infection Expanded	10	37	20/60
	Tracking Form			
	FoodNet	10	970	21/60
	Campylobacter			
	FoodNet Cyclospora	10	42	10/60
	FoodNet Listeria	10	16	20/60
	monocytogenes			·
	FoodNet Salmonella	10	855	21/60
	FoodNet Shiga			
	toxin producing E.	10	290	20/60
	coli			
	FoodNet Shigella	10	234	10/60
	FoodNet Vibrio	10	46	10/60

FoodNet Yersinia	10	55	10/60
FoodNet Hemolytic			
Uremic Syndrome	10	10	1
Case Report Form			
FoodNet Clinical			
Laboratory	4.0		0.0 / 6.0
Practices and	10	70	20/60
Testing Volume			
FluSurv-NET			
Influenza			
Hospitalization			
Surveillance	10	764	25/60
Network Case			
Report Form			
FluSurv-NET			
Influenza			
Hospitalization			
Surveillance			
Project	10	333	5/60
Vaccination Phone			
Script Consent			
Form (English)			
FluSurv-NET			
Influenza			
Hospitalization			
Surveillance	10	333	5/60
Project	-		, , , ,
Vaccination Phone			
Script (Spanish)			
Influenza			
Hospitalization			
Surveillance			
Project Provider	10	333	5/60
Vaccination			
History Fax Form			
(Children/Adults)			
FluSurv-NET	1.0	1.0	10/60
Laboratory Survey	10	16	10/60
HAIC - MuGSI Case	10	500	28/60
Report Form for	-		
Carbapenem-			
resistant			
Enterobacteriaceae			
(CRE) and			
Acinetobacter			
baumannii (CRAB)			
HAIC - MuGSI	10	4200	25/60
Extended-Spectrum			, -
Beta-Lactamase-			
Producing			
Enterobacteriaceae			
(ESBL/iEC)			
[CDDL/IEC]			

HAIC - Invasive Methicillin- resistant Staphylococcus 10				
Methicillin- sensitive Staphylococcus 10	Methicillin- resistant Staphylococcus aureus (MRSA) Infection Case	10	340	28/60
Report and Treatment Form	Methicillin- sensitive Staphylococcus aureus (MSSA) Infection Case	10	584	28/60
Case Report	Report and	10	1650	38/60
HAIC- Annual Survey of Laboratory Testing Practices for C. difficile Infections HAIC- CDI Annual Surveillance Officers Survey HAIC- Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey (LTCF) HAIC- Invasive Staphylococcus aureus Laboratory Survey HAIC- Invasive Staphylococcus aureus Supplemental Surveillance Officers Survey HAIC- Laboratory Testing Practices for Candidemia Questionnaire HAIC MUGSI CA CP- CRE Health 10 16 19/60 19/60 19/60 19/60 10 20 12/60		10	200	30/60
Surveillance	HAIC- Annual Survey of Laboratory Testing Practices for C. difficile	10	16	19/60
Infections Program C. difficile Surveillance Nursing Home Telephone Survey (LTCF) HAIC- Invasive Staphylococcus aureus Laboratory Survey HAIC- Invasive Staphylococcus aureus au	Surveillance	10	1	15/60
Staphylococcus aureus Laboratory Survey HAIC- Invasive Staphylococcus aureus Supplemental Surveillance Officers Survey HAIC- Laboratory Testing Practices for Candidemia Questionnaire HAIC MuGSI CA CP- CRE Health 10 11 20/60 11 20/60 12/60 12/60	Infections Program C. difficile Surveillance Nursing Home Telephone Survey	10	45	5/60
Staphylococcus aureus Supplemental Surveillance Officers Survey HAIC- Laboratory Testing Practices for Candidemia Questionnaire HAIC MuGSI CA CP- CRE Health 10 1 10/60 10/60 10/60	Staphylococcus aureus Laboratory	10	11	20/60
Testing Practices for Candidemia Questionnaire HAIC MuGSI CA CP-CRE Health 10 20 12/60 10 30/60	Staphylococcus aureus Supplemental Surveillance	10	1	10/60
CRE Health 100 10 30/60	Testing Practices for Candidemia	10	20	12/60
		100	10	30/60

HAIC MuGSI Supplemental Surveillance Officer Survey (new)	10	1	15/60
HAIC Death Ascertainment Variables	10	8	1440/60

Jeffrey M. Zirger,

Lead,

Information Collection Review Office, Office of Scientific Integrity, Office of Science,

Centers for Disease Control and Prevention.

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